MOTION BY MAYOR MICHAEL D. ANTONOVICH AND SUPERVISOR YVONNE BURKE

SEPTEMBER 26, 2006

IMD BEDS

Fundamental reform of our mental health laws must be achieved in order to effectively solve the homelessness problem. The Los Angeles Homeless Services Authority census figures reveal that a clear majority of the nearly 35,000 chronically homeless in Los Angeles County suffer from mental illness and/or substance addiction. Local experience and research demonstrate that, without a thoughtful, systematic approach, many of the chronically homeless cannot successfully transition directly into permanent, service-linked independent living arrangements.

The criminal justice system is increasingly challenged by limited treatment and placement resources for mentally-ill offenders. As part of the effort to prevent the risk of their de-compensation and/or homelessness, the Department of Mental Health (DMH) contracts with eleven (11) Institutions for Mental Disease (IMD) facilities for the use of 764 beds countywide. Through IMD beds, involuntary psychiatric care can be provided to individuals housed in jail or hospitals who are Lanterman-Petris-Short (LPS) conserved; do not meet the criteria for the Mental Health Court program; and yet require additional mental health treatment in a locked facility prior to discharge to the community.

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During the past fiscal year, DMH received requests for locked placements from various sources to accommodate 347 individuals involved in the criminal justice system. Ninety-four individuals were identified as homeless at the time of referral and 171 were admitted to IMD beds. However, these individuals faced an approximate three-month waiting period for IMD beds. Additionally, their transitional success to independent living while being discharged from IMD facilities could have been improved through transitional residential beds with intensive support services.

There has never been a dedicated program that serves individuals who are mentally-ill, LPS-conserved, homeless and with significant forensic histories. To be able to meet this critical need, an increase of fifty (50) IMD beds at a one-time annual cost of \$3.3 million dollars; and thirty (30) transitional residential beds provided by Full Services Partnership programs or other contracted agencies at a one-time annual cost of \$1.5 million dollars, would allow for an innovative pilot. This IMD pilot would measure the reduction and/or prevention of homelessness for chronically mentally-ill individuals, including those with co-occurring substance abuse disorders, who are locked in a broken system of warehousing without healing.

IMD services are not fundable under the Mental Health Services Act (MHSA). Furthermore, at this time, transitional residential beds are not eligible for MHSA funding either, because they were not included in the current three-year Community Services and Support Plan. However, the success of this one-time funded pilot can provide the potential to leverage future MHSA funding for transitional residential beds.

WE, THEREFORE, MOVE that the Board of Supervisors:

- Set aside \$4.8 million dollars of the County Homeless and Housing
 Program Fund in a provisional fund use account to support a pilot that
 includes 50 additional IMD beds and 30 transitional residential beds for
 individuals who are leaving the criminal justice system or hospitals,
 including the Homeless Courts; and
- Authorize the Director of the Department of Mental Health to initiate sole source contract negotiations with experienced providers that have the capacity and ability to implement these specialized mental health services in a timely manner; and
- 3. Direct the Director of Mental Health to report to the Board in 30 days with:
 - A. A spending plan for the \$4.8 million dollars, with timelines for implementation; and
 - Identification of ongoing funding sources for the transitional residential beds; and
 - C. An analysis of the impact of IMD and transitional residential beds on the homeless population served.

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